PTO/SB/81 (11-04)

Under the Paperwork Reduction Act of 1995, no persons are re-	U.S. Patent	and Tendemade Offices Li C.	DEPARTMENT OF COMMERCE				
OTHER THE PROPERTY OF THE PROP	Application Number	CO INCOMMENSON UNIONS IT ON	SIBY'S B VALID OMB control number.				
POWER OF ATTORNEY	Filing Date						
	First Named Inventor	MARCUS STE	MARCUS STEEN et al.				
CORRESPONDENCE ADDRESS	Title		STAGE-GEARED GEARBOX FOR				
INDICATION FORM	Art Unit						
INDICATION FORM	Examiner Name						
	Attorney Docket Numi	per 000009-007					
I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number	1						
Tradation about the first of the first that the	4401	<b>'</b>					
OR	<del></del>						
Practitioner(s) named below:							
Name	Registration Number						
		<del></del>					
as my/our attorney(s) or agent(s) to prosecute the application	Identified above and to im-	react off burdenes in the	Halted States Details and				
Trademark Office connected therewith.	TECHNICO ADOTO, AND TO HE	158CA 24 DUMITIESS IT UTO	United States Patent and				
Please recognize or change the correspondence address for the address associated with the above-mentioned (CR)  The address associated with Customer Number:  OR		son to:					
Firm or			· · · · · · · · · · · · · · · · · · ·				
Individual Name Address							
Aburess							
City	State		Zip				
Country	Jiets	***************************************	ZIP				
Telephone	Fax		· · · · · · · · · · · · · · · · · · ·				
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFF	₹ 3.71.						
Stelement under 37 CFR 3.73(b) is enclosed. (Form							
SIGNATURE of	Applicant or Assignee of	Record					
Signature Law Kaste		Date	2005-03-14				
Name LARS KARLSSON		Telephone					
Title and Company		, , , , , , , , , , , , , , , , , , , ,	•				
NOTE: Signatures of all the inventors or sesignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of 2 forms are submitted.	<del></del>						
This collection of information is constant by 97 CFR 1 31 1 32 and 1 3	32 The information is sensitived	a state as a state of the state of	C				

This collection of information is required by S7 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for neducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwor	k Reduction Act of 1995, no persons are re-			PTO/SB/81 (11-04) ugh 11/30/2006. OMB 0851-0035 DEPARTMENT OF COMMERCE		
Under the Paparwork Reduction Act of 1995, no persone are re-	Application Number	mauch unless it disp	IBYS & VAI:0 CIVID CONTRO NUMBER.			
POWER OF ATTORNEY		Filing Date	· · · · · · · · · · · · · · · · · · ·			
		First Named Inventor	MARCUS STEEN et al.			
CORRESPO	DRRESPONDENCE ADDRESS THUE STAGE-GEARED GEARBO		D GEARBOX FOR			
INDICATION FORM		Art Unit				
	DATION FORM	Examiner Name				
		Attorney Docket Number	000009-007			
I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:						
Tribleby appoints						
Practitioners ass	ociated with the Customer Number: 44012					
OR						
lm·				•		
Practitioner(s) na	med below:					
l	Name	Registration Number				
<u> </u>		^	<u></u>			
		***				
es my/our attorney(s) or Trademark Office conne	agent(s) to prosecute the application	identified above, and to transact a	Il business in the L	Juliad States Patent and		
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR						
Firm or						
Address Address	ame					
City		State	· · · · · · · · · · · · · · · · · · ·	~ 1		
Country		State	Zip			
Talaphona		Fax	· · · · · · · · · · · · · · · · · · ·			
lam the:						
Applicant/Inven	tor.					
	ord of the entire interest. See 37 CFR	0.74				
Statement under	or 37 CFR 3.73(b) is enclosed. (Form	3.7 (. PTO/SB/96)				
		Applicant or Assignee of Recor	d			
Signature	Harrys Steel	Aprilate of Assignment of Association	<del></del>			
	IARCUS STEEN		Date	2005-03-10		
Title and Company	MIOOO SI EEN		Telephone	L		
NOTE: Signstures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of 2 forms are submitted.						
This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by						

the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any complete, including gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.